## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

| ı   |   | CLAIMS AS FILED - PART I                  |                      |   |                  |                  |                   |                   | ENTITY                 |                               | OTUED THAN         |                        |
|---|---|---|----------------------|---|------------------|------------------|-------------------|-------------------|------------------------|-------------------------------|--------------------|------------------------|
| r   | TOTAL CLAIM   | (Colur                                    | (Column 1)           |   | (Column 2)       |                  | SMALL ENTITY TYPE |                   | 0                      | OTHER THAN<br>OR SMALL ENTITY |                    |                        |
| ᆘ   | FOR   |   | <del></del>          |   |                  |                  |                   | RATE              | FEE                    |                               | RATE               | FEE                    |
| ╟   | OTAL CHARGEABLE CLAIMS  |   |                      | NUMBER FILED                              |                  | NUMBER EXTRA     |                   | BASIC FI          | E 150.0                | 0                             | BASIC FI           | EE 300.00              |
| 11-   |   |   | <u></u>              | minus 20=                                 |                  | *                |                   | X\$ 25=           | :                      | OF                            | X\$50=             | :                      |
| IJ  | NDEPENDENT  |   |                      | minus 3 =                                 |                  |                  |                   | X100=             |                        | OF                            | X200=              |                        |
| -   | MULTIPLE DEPENDENT CLAIM PRESENT  |   |                      |   |                  |                  |                   | +180=             |                        | OF                            |                    | <del>-</del>           |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                      |   |                  | 1                | TOTAL             | ╂                 | OF                     | `                             | <b>-</b> }         |                        |
| ٠   | CLAIMS AS AMENDED - PART II   |   |                      |   |                  |                  |                   |                   | L                      |                               |                    |                        |
|   | (Column 1) (Column 2) (Column 3)  |   |                      |   |                  |                  | ı                 | SMALL             | ENTITY                 | OR                            |                    | R THAN<br>ENTITY       |
| <b>AMENDMENT A</b>  | 1-2307  | CLAIMS REMAINING AFTER AMENDMENT          |                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F         | ER<br>USLY       | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONA<br>FEE  |                               | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | * 46                                      | Minus                | - 9                                       | 6                | = -              |                   | X\$ 25=           |                        | OR                            | X\$50=             | 1                      |
|   | FIRST PRESENTATION OF ML  |   | Minus<br>IULTIPLE DE | · · · ·                                   |                  | -                |                   | X100=             |                        | OR                            | X200=              |                        |
|   | THE COUNTY OF THE COUNTY  |   |                      |   |                  |                  |                   | +180=             |                        | OR                            | +360=              |                        |
|   |   |   |                      |   |                  |                  | Ŀ                 | TOTAL             |                        | -                             | TOTAL              |                        |
|   |   | (Column 1)                                |                      | (Columr                                   | 1 21             | (Column 3)       | Al                | DDIT. FEE-        |                        | JOR .                         | ADDIT. FEE         |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO     | ST<br>:R<br>:SLY | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE               | ADDI-<br>TIONAL        |
| NDE   | Total   |   | Minus                | war ;                                     |                  | =                |                   | X\$ 25=           | 1.66                   | OR                            | X\$50≃             | FEE                    |
| AME   | Independent   | *   | Minus                | ***                                       |                  | =                |                   | X100=             |                        | <b> </b>                      | X200=              |                        |
|   | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEF          | ENDENT C                                  | LAIM             |                  | H                 |                   |                        | OR                            | 7200=              |                        |
|   |   | :   |                      | •   |                  |                  | Ŀ                 | 180=              |                        | OR                            | +360=              | :                      |
|   |   |   |                      |   |                  |                  |                   |                   |                        | OR A                          | TOTAL<br>DDIT. FEE |                        |
| _   |   | (Column 1)                                |                      | (Column                                   |                  | Column 3)        |                   | DIT. FEE <b>L</b> |                        |                               |                    |                        |
| שבויי   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHES'<br>NUMBER<br>PREVIOUS<br>PAID FOI | i<br>iLY         | PRESENT<br>EXTRA | F                 |                   | ADDI-<br>IONAL<br>FEE  |                               | RATE               | ADDI-<br>TIONAL        |
|   | Total   | *   | Minus                | **  | -                | :                | X                 | \$ 25=            |                        |                               | X\$50=             | FEE                    |
| 7   | Independent   |   | Minus                | ***                                       | -                |                  | -                 |                   |                        | Ŭ``}-                         |                    |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                      |   |                  |                  |                   | 100=              |                        | OR _                          | X200=              |                        |
| · If  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                      |   |                  |                  |                   |                   | i                      | OR                            | +360=              |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                      |   |                  |                  |                   |                   |                        |                               |                    |                        |
|   | ie rignest Numb   | per Previously Paid                       | For" (Total or in    | ndependent) i                             | s the hig        | hest number fo   | ound ii           | n the appro       | priate box             | in colum                      | ın 1.              |                        |
| 204.5   | OTO over in   |   |                      |   |                  |                  |                   |                   |                        |                               |                    | I                      |